

# Breast Cancer Information eXchange



JUNE 2000

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## USCM Health Programs Now Include Both Breast and Prostate Cancers

At the 2000 Annual Meeting of the Conference of Mayors in Seattle in June, Conference President Denver Mayor Wellington E. Webb announced the formation of the Mayors' Coalition for Prostate Cancer Awareness and Education, a new initiative to address an old concern of the nation's mayors. Like the Mayors' Campaign Against Breast Cancer, supported by a five-year cooperative agreement with the Centers for Disease Control and Prevention (CDC) and now in its third year, the Coalition is focused on outreach to the medically underserved and minorities, especially African Americans, and like the Campaign, it promotes awareness, but with a special emphasis on informed decision-making. In taking the lead on prostate cancer, Mayor Webb was responding to the recommendation of USCM's Health and Human Services Standing

Committee, chaired by Beaumont Mayor David W. Moore, who is continuing the prostate cancer work of the Committee's former Chairman, Hempstead Mayor James A. Garner.

Many mayors are already addressing prostate cancer awareness at the local level - - with good reason. According to CDC, prostate cancer is the most commonly diagnosed form of cancer, other than skin cancer, among men in the United States and is second only to lung cancer as a cause of cancer-related death among men. The American Cancer Society estimates that 180,400 new cases of prostate cancer will be diagnosed this year and that approximately 31,900 men will die of the disease in 2000. However, at all ages, African American men are diagnosed at later stages and die of the disease at higher rates than white men. And the

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**U.S. Conference of Mayors President Denver Mayor Wellington E. Webb**  
Mayor Webb serves as Co-Chairman of the Prostate Cancer Global Awareness Campaign of the Kappa Alpha Psi, one of the largest African American male organizations in the world.

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## Differing Views:

One of the most frequently discussed issues surrounding breast cancer is whether African American women are more likely to be predisposed toward a more aggressive type of breast cancer, thus making it more difficult to treat using conventional therapies. A reprint of a New York Times article on this issue follows. Both Dr. Brawley and Ms. Brown are well known and well respected at the Conference of Mayors. Dr. Brawley has appeared before the USCM Health and Human Services Policy Committee. Ms.

Brown has also spoken to the mayors and advises on the Mayors' Campaign Against Breast Cancer and the Mayors' Coalition For Prostate Cancer Awareness and Education.

For more information about any of the data presented in the article, please contact Dr. Otis W. Brawley, Director, Office of Special Populations, National Cancer Institute, Building 6006, Executive Blvd., 3rd Floor, Suite 321, Rockville, MD 20852, phone: 301-402-6362; FAX: 301-435-9225; e-mail OB6G@NIH.Gov and/or Ms. Zora

Kramer Brown, Chair, Breast Cancer Resource Committee, 2005 Belmont Rd., N.W., Washington, DC, 20009; phone: 202-463-8040; fax: 202-463-8015; e-mail elzora.brown@worldnet.att.net. For additional information about clinical trials for cancer, contact NCI at 1-800-4CANCER or visit the NCI Web site: <http://cancertrials.nci.nih.gov>.

February 22, 2000

## Breast Cancer in Blacks Spurs Hunt for Answers

By Alexis Jetter

When Zora Brown got word that her pregnant, 29-year-old niece, Lea, had breast cancer, she decided it was high time for a serious family meeting.

Breast cancer had cut a swath through Ms. Brown's family for four generations, striking all three of her sisters, her mother, grandmother, great-grandmother, three great-aunts and Ms. Brown herself. Now it appeared that the next generation, too, was under siege.

"We had bullets coming toward us from every direction," said Ms. Brown, 50, the founder of the Breast Cancer Resource Committee in Washington, which offers black women education and counseling.

Ms. Brown invited Lea and 11 other adult nieces to a family retreat in December 1998. She brought along a geneticist and an oncologist, had her nieces record the dates of their last mammograms and breast self-

examinations and made them pledge to be vigilant about their health care. But in December, Lea died. Last month, another niece found a lump in her breast.

Zora Brown's family may well have a particular predisposition toward breast cancer. But she worries that black women in general are facing a more aggressive form of the disease, a concern echoed by many other African-American women. "There is a fear that there is a black breast

cancer and that nobody is doing anything about it," said Ngina Lythcott, 54, associate dean of the Columbia University School of Public Health and an 11-year survivor of breast cancer. "When black women get together and talk about their tremendous fear of getting breast cancer, the fear is that it's a disease that's different from other breast cancer."

Several facts underlie those fears. At a time of unprecedented advances, when

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The United States Conference of Mayors, June 2000

# Pink Ribbon Tree Honors Mayors' Campaign:

## and Raises Funds for Irving, Texas Mammogram Foundation!

Last December a pink heart inscribed with "Mayors' Campaign Against Breast Cancer" hung from a pink ribbon on a tree filled with hundreds of other hearts in the lobby of the Baylor School of Medicine. For the third year in a row, persons throughout the community purchased these ornaments to remember breast cancer survivors and victims as well as loved ones, friends, and organizations. The money raised went to support the ANGEL SQUAD, an auxiliary of the Mammogram Foundation that chose to honor the Mayors' Campaign.

The Mammogram Foundation, founded in early 1993, came about when a concerned group of women and men decided that no Irving woman should be deprived of life-saving technology because of insufficient funds. Working with the Baylor Medical Center at Irving, Las Colinas Medical Center, and the North Irving Imaging Center, over 750 women with limited means have undergone screening. Alice Knowles, Executive Director of the Mammogram Foundation, has written to the Conference of Mayors to explain how the fundraiser came about and to describe the work of the ANGEL SQUAD.

*"The idea was a brainstorm of our Advisory Board. A friend of our foundation donated 500 plastic hearts to us and we created*

*this program to use the hearts and raise money for our ANGEL SQUAD, whose members are breast cancer survivors and on the Advisory Board. The mission of the ANGEL SQUAD is to visit breast cancer patients at our Baylor Hospital facility here in Irving and offer support, love, and hope and a beautiful gift bag to each patient. The gift package includes a lovely angel pillow, a special little book of inspirational quotes, and other very feminine gift items. The breast cancer survivor "delivers" hope to the patient and wants her to know that she understands what the patient is experiencing and that she is there to answer questions and give support. The program has been very successful and is helpful to both the survivor and the patient.*

*"...We are in the process of extending the project to include corporate sponsors. This will give corporations and small companies the opportunity of honoring their employees with a gold or silver heart on the tree..."*

*"Mayor Putnam is always very supportive of our mission. We are grateful that mayors across the United States of America have come together to form the Mayors' Campaign Against Breast Cancer ... If anyone would like more information about the Mammogram Foundation or the pink ribbon tree fundraiser, they should feel free to get in touch with me."*

For more information, contact: Alice L. Knowles, Executive Director, Mammogram Foundation, P. O. Box 165275, Irving, TX 75016-5275; phone: 972-257-CARE; fax: 972-255-4083; e-mail: AKBK2525@aol.com



### **Mammogram Foundation Fundraiser**

The Mammogram Foundation raised \$6,500 in 1999 with its pink ribbon trees, a simple and low-cost activity that attracted wide community support. Some persons decided to dedicate hearts to friends instead of sending holiday cards.



### **Irving Mayor Joe Putnam**

Mayor Putnam, a member of the Mayors' Campaign Against Breast Cancer, is a strong backer of the Mammogram Foundation.

# Cancer Prevention Central to "Healthy People 2010"

Speaking before the 7th Biennial Symposium on "Minorities, the Medically Underserved & Cancer" on February 9 in Washington, D.C., United States Surgeon General David Satcher told the twelve hundred persons in attendance that "Healthy People 2010" has developed leading indicators for illness - - and all of these have implications for cancer risk or prevention:

- tobacco use (risk factor);
- substance abuse (risk factor);
- obesity (risk factor)
- responsible sexual behavior (prevention factor); and
- physical activity (prevention factor).

He cited the promotion of physical activity as a particular challenge, noting that only one state in the country requires physical education from kindergarten through twelfth grade. In addressing obesity, Dr. Satcher commented that this condition is most prevalent among African Americans and Hispanics who need to be aware of the connection between excess poundage and cancer risk.

He explained that the second part of "Healthy People 2000" involves the health systems required to address disease:

- immunizations;
- mental health programs;
- environmental health measures;
- access to health care; and
- violence and injury prevention.

Dr. Satcher said that immunization for Hepatitis B should be expanded and

noted that liver cancer is more prevalent among Asian Americans and to a lesser extent among African Americans. In speaking of environmental health measures, Dr. Satcher explained that these efforts have a dual mission because they must deal not only with cancer-causing toxins, but also with human behavior.

## Symposium Sponsor

The Intercultural Cancer Council (ICC) - - which focuses upon the unequal burden of cancer upon minorities and the medically underserved - - sponsored the February 2000 7th Biennial Symposium, and Dr. Satcher is a frequent speaker at ICC events. ICC collaborates with USCM on the Mayors' Campaign Against Breast Cancer and related activities. Administered by Baylor University School of Medicine with assistance from The University of Texas M.D. Anderson Cancer Center, ICC promotes policies, programs, partnerships, and research to eliminate the unequal burden of cancer among

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incidence of prostate cancer among African American men is the highest known rate in the world.

The Conference is preparing to promote September as Prostate Cancer Awareness Month in much the same way as National Breast Cancer Awareness Month is observed each October. All Mayors will receive promotional packets this summer in



**David Satcher, M.D.**

*At the 7th Biennial Symposium, United States Surgeon General David Satcher underscored the importance of access to health care, as called for in "Healthy People 2010." Using breast cancer as an example, he said it is not enough to screen underserved women; they must also have access to treatment.*

racial and ethnic minorities and medically underserved populations in the United States. For more information, contact: ICC, PMB-C, 1720 Dryden, Houston, TX 77030; telephone: 713-798-4617; FAX: 713-798-3990; e-mail ([icc@bcm.tmc.edu](mailto:icc@bcm.tmc.edu)); Web site (<http://icc.bcm/tmc.edu>).

time to permit planning for these fall events.

If you would like to join the prostate cancer coalition or the breast cancer campaign, there are response forms included with this publication. Additional information about both these initiatives may be obtained from Richard C. Johnson, Director of USCM Health Programs, at 202-861-6753.

# Research Entities Carry a Heavy Burden in the Fight Against Cancer

In describing the many successes of the National Cancer Program (NCP) - that had its inception with the 1937 National Cancer Institute Act - Dr. Harold Freeman, Chair of the President's Cancer Panel, said that the time may have come for the NCP to include health care delivery as well as research. He made his points before twelve hundred persons attending the 7th Biennial Symposium on "Minorities, the Medically Underserved & Cancer," which was sponsored by the Intercultural Cancer Council and held in Washington, D.C. February 9 through 13. Explaining that cancer research programs and agencies, such as the National Cancer Institute, have neither the funds nor the responsibility to translate research into medical care, he suggested that the NCP may now need two parts: discovery and delivery.

## Research on Multi-Culturalism

In commenting further about research, Dr. Freeman said that cancer care should focus on cultural perceptions as indicated by this important new finding:

- A significant percentage of African American patients with curable lung disease do not get the same treatment and achieve the same success as Caucasians.

Dr. Freeman said that he suspects that the difference in outcome for African Americans could be explained by the following scenario:

- A white physician wonders if the elderly black male patient before him or her will be inclined toward following a complicated therapy;
- The white physician thinks "I have done my best, but this elderly black patient doesn't seem to understand what I am saying to him."
- The elderly black man's lack of response may be due to his distrust of the white physician.

Dr. Freeman closed on a positive note saying that the conferees should remember that the United States is driven by principles of the Constitution, even though these principles are not always observed. Also, cultural misperceptions can be the result of misunderstanding rather than intent, so the current challenge is to fight against unintended bias rather than outright prejudice.



### **Harold P. Freeman, M.D.**

*Dr. Freeman, Chair of the President's Cancer Panel, suggests that the National Cancer Program add delivery systems to its mandate in order to translate cancer research results into public health care.*

*photo credit: Paul Cooper*

# Cities and States Team Up to Bring Mammography to the Underserved

Many of the nation's underserved women - - those who are uninsured or underinsured - - live in cities and are eligible for mammography supported by the Centers for Disease Control and Prevention (CDC) under the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). For this reason, CDC is supporting the Mayors' Campaign Against Breast Cancer as a means to expand breast cancer awareness and screening among underserved urban women.

State and territorial health departments administer the NBCCEDP for CDC, and many cities and states are working together to reach underserved women. The Conference of Mayors is documenting these efforts so that Campaign mayors may consider undertaking the same type of collaboration in their cities. This is being done through publications for the mayors such as *Best Practices on Breast Cancer Outreach Strategies*, *Breast Cancer Information Exchange*, and articles in *U.S. Mayor*. Furthermore, members of the Mayors' Campaign Against Breast Cancer convene at Annual Meeting forums and Winter Meetings to report on local campaign successes, including their work with various states on the NBCCEDP.

Following are some representative examples of city and state cooperation on breast cancer awareness and screening.

**Connecticut:** Collaboration between the Norwalk Health Department and the state led to the Connecticut Breast and

Cervical Cancer Detection Program exhibiting at the city's health fair and annual flu shot clinics.

**Indiana:** The city and the state teamed up on a breast cancer awareness initiative promoted through the Gary Community Health Center.

**Iowa:** The Linn Health Care Network, with which Mayor Lee Clancy works to promote breast cancer awareness, collaborates on a regular basis with the state health department to bring mammography to underserved women who are eligible for CDC-supported mammography.

**Kansas:** When the Kansas City Free Clinic - - which was conducting outreach and screening for CDC-funded mammography - - shut down last year, the state shifted the grant to the city-county health department with which Mayor Carol Maronovich has extensively promoted mammography outreach to the underserved.

**Maryland:** Since the inception of the Maryland screening program in 1992, the state has worked with the city health department to reach women who are eligible for CDC-supported mammography.

**Massachusetts:** The state health department recognizes Mayor Thomas Menino's Crusade Against Cancer as a key component in reaching underserved women in Boston and encouraging them to take advantage of CDC-funded mammography. In Haverhill, with the support and involvement of Mayor James Rurak, the



**Jackson Mayor Harvey Johnson**

*At the press conference co-sponsored by Jackson Mayor Harvey Johnson and the Mississippi State Department of Health, the mayor announced free breast and cervical cancer screening for eligible women in the Greater Jackson Area.*

city increased breast cancer awareness in the Hispanic community by collaborating with the state health department on the Wise Woman Program of the American Cancer Society. Quincy, in cooperation with the state, plans to include pap smears for uninsured and underinsured women by raising \$1 million through the annual Marie Curry Walk, a breast cancer fundraiser that Mayor James Sheets promotes. The founder of the Marie Curry Fund has set the goal at \$1 million so that screening for multiple cancers can be provided.

**Michigan:** The state has recognized Dearborn's awareness activities for senior women, which Mayor Michael Guido initiated, as a model for other cities. Currently, the city and the state are planning cooperative breast cancer

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awareness activities for the remainder of 2000.

**Mississippi:** Mayor Harvey Johnson and the state department of health teamed up and co-sponsored a press conference announcing breast and cervical cancer programs that allow for free screening of Greater Jackson Area women who, because of limited family income, may not have access to screening services. After the joint announcement, the health department began screening almost twice as many women monthly, going from 25 to 30 participants a month to approximately 50.

**New Jersey:** In cooperation with the state department of health, the Edison Health Department taught breast self examination (BSE) at its bi-monthly Women's Cancer Screening - - sessions that included group discussions and the showing of the BSE video of the American Cancer Society.

**Ohio:** The Columbus City Health Department coordinates the NBCCEDP in several counties for the state.

**Virginia:** The state funds some city health departments, such as those in Chesapeake and Norfolk, to conduct its CDC-funded mammography program. In other areas, it relies on a consortium of entities, as in Virginia Beach where Mayor Meyera Oberndorf - - a breast cancer survivor and one of the organizers of the Mayors' Campaign Against Breast Cancer - - promotes outreach extensively.

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overall death rates from breast cancer are declining, black women are 12 percent less likely than white women to get breast cancer, but far more likely, once they contract the disease, to die from it.

Among women with breast cancer, African-Americans are 50 percent more likely than whites to get the disease before the age of 35, when tumors are more aggressive. They are also 50 percent more likely to die of breast cancer before they turn 50. And they are twice as likely to receive the diagnosis at an advanced stage, when the cancer has spread and is more difficult to cure.

The racial mortality gap, meanwhile, is widening. A National Cancer Institute study reported in November that a black woman's risk of dying from breast cancer, which was slightly lower than a white woman's in 1980, was 16 percent greater in 1990. By 1995, that gap had jumped to 29 percent.

Another study, using the same data but a different measuring gauge, puts the mortality gap wider still. Dr. Sue A. Joslyn, an epidemiologist at the University of Northern Iowa, found that black women with breast cancer were 67 percent more likely than whites to die of their illness. Race, she said, "is a strong predictor for survival."

No one knows why these differences are emerging. But National Cancer Institute researchers, who called attention to the mortality gap in their study, caution that skin color probably has little to do with it. "This gap didn't exist 25 years ago," said Dr. Otis W. Brawley, an oncologist and epidemiologist, who is director of the cancer institute's Office of Special Populations Research. "And the genetics of black folks didn't change in



*Dr. Otis W. Brawley*

the last 25 years." Dr. Brawley, a co-author of the institute's study, believes that race masks the real culprits: poverty, diet and inadequate health care. Poor white women, too, he notes, are more likely than wealthy white women to get the diagnosis when their cancers are advanced.

"But nobody argues that poor white women are genetically different from rich white women," Dr. Brawley said. "A lot of these problems are related to being poor, and being black may be a surrogate for being poor." Yet some disparities may arise from differences in tumor biology. Federal studies have shown that black women are more likely than whites to have aggressive tumors that grow without the help of estrogen, meaning that estrogen blockers like tamoxifen are less effective in combating them.

Tumors that are "estrogen-receptor positive," latching onto estrogen and feeding off it, can be fooled into latching onto look-alike tamoxifen instead, and starved. From 60 percent to 70 percent of estrogen-receptor positive women benefit from tamoxifen.

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Women who are “estrogen-receptor negative,” meaning they have far fewer estrogen receptors, have tumors that do not need to feed off estrogen and, for reasons that are still unknown, grow more rapidly. Only 15 percent to 20 percent of these women benefit from tamoxifen. And blacks with breast cancer are twice as likely as whites to have a form of the disease that is estrogen-receptor negative.

Scientists and public health researchers are looking at every piece of the puzzle, including increasing the use of mammography and understanding the mechanisms that bring about tumor growth. But each new study raises more questions.

Early detection is only part of the problem. Increasingly, black women are just as likely as whites to have received mammograms. But researchers suspect that they are not getting them regularly, and, perhaps most important, are not receiving follow-up care after suspicious ones. A recent federal study found that a black woman is less likely to have an abnormal finding evaluated than a white woman.

And once the disease is diagnosed, African-American women are more likely than whites to get inadequate care for their breast cancers, a National Cancer Institute study shows. Fewer are given the proper surgical treatment and the appropriate level of chemotherapy or radiation after surgery, Dr. Brawley said. When African-Americans get equal access to health care, their survival rate can approximate that of whites. One long-term survey monitored the survival rate of women who received similar care for their breast cancers in Hyde Park, an affluent, integrated community in Chicago. From 1946 to 1987, the 20-year



*Ms. Zora Brown*

survival rate did not differ by race for women receiving a diagnosis at the same stage of disease.

Yet a 1997 study, published in *Cancer*, the journal of the American Cancer Society, found that African-American women treated for breast cancer at United States military hospitals, where equal medical access is mandated, had a 41 percent greater risk of death than their white counterparts receiving the same care.

According to Dr. Barbara E. Wojcik, an Army statistician and co-author of the study, early screening may play a role. In a small follow-up study, she found that, compared with whites and Hispanics, a smaller percentage of the black women had received diagnoses of breast cancer through mammography. Among those whose breast cancers were detected by mammograms, there were no differences in survival rates.

Diet and body weight may also play a role. Most of the women in the military

study were civilian spouses, not subject to the Army's physical requirements. On average, Dr. Brawley said, black women are heavier and have denser breast tissue than whites, increasing both their chances of breast cancer and the difficulty of detecting it on a mammogram. Overweight white women also appear to have a higher incidence of breast cancer than white women of normal weight.

“I think, when it's all said and done, much of the problem will relate to body fat and diet,” Dr. Brawley said. “I'm black, and I can tell you that even though I'm middle class, the diets in my family are radically different than my white colleagues. We eat more fried foods, more fattening foods and eat fewer vegetables. So maybe being black is a surrogate for being overweight.”

Dr. Kathy Helzlsouer, an oncologist and epidemiologist at the Johns Hopkins School of Public Health, said that was not the whole story. “Weight becomes a risk factor only after menopause,” she said.

Complicating the black breast cancer debate is the sticky issue of cultural habits, including a seeming resistance among some blacks to seek medical care even when told they need surgery. “I have this in my own family,” Dr. Brawley said. The myth, he said, is that “if it's cancer and they cut on me, they will spread it.”

A recent study published in the *Journal of the American Medical Association* found that blacks, more than whites, believed that praying, not worrying and not having surgery were among the best ways to deal with cancer. Those findings make Zora Brown angry. “Sometimes we hear stories that African-American women don't go to the doctor because of their religion,” she said. “Well, that's

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bunk. I don't know anyone who is more spiritual and religious than my mother, but she always cautioned us to go to the doctor."

Some health advocates believe that black women may need a higher standard of care, including earlier mammograms. As a rule, doctors dislike performing mammograms on younger women because their breast tissue is denser, making the tests harder to interpret. The National Cancer Institute and the American Cancer Society recommend starting at age 40.

But the National Medical Association, the black medical group, now recommends that African-American women start getting mammograms at 35; some black doctors recommend even sooner, at 30.

The Congressional Black Caucus has jumped into the debate, urging the federal government to pay for research into why cancer appears to affect poor people and minorities disproportionately. The National Cancer Institute spends about 3 percent of its budget, or \$76.6 million a year, specifically addressing that question.

"We need to do very focused research on African-American women and breast cancer," Ms. Brown said. "African-American women are ready and willing to be part of research studies." The institute is already studying why black women are getting the disease so young and why their tumors tend to grow independent of estrogen. But Dr. Brawley is wary of pursuing racial theories to solve the breast cancer mystery.

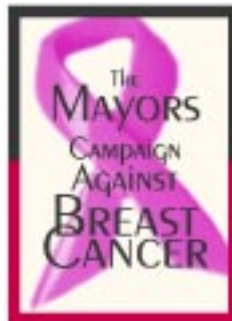
Race in itself "is not a biologic category," Dr. Brawley said. Concentrations of genetic mutations

have more to do with family and intermarriage patterns that often overlap with race, he said. Dr. Brawley worries that speculation about racial difference could lead scientists back to the days of "race medicine," when blacks were considered distinct from whites, and doctors treated their ailments differently.

"People don't realize that 100 years ago, there were veterinarians for dogs, allopaths for white people and race medicine specialists for black people," Dr. Brawley said. In addition, he said, focusing on genetics distracts researchers from identifying risk factors that can be changed, perhaps creating a paralyzing fear among black women that can stop them from taking protective steps. Dr. Lythcott at Columbia agrees that fatalism was a problem.

But like Ms. Brown, she also believes the issue of race and breast cancer should be addressed squarely. "It would be valuable to determine, once and for all, if there is a black breast cancer," Dr. Lythcott said. "I wouldn't want to let people die simply because we haven't proven it."

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## In Appreciation



**Winston-Salem Mayor Jack Cavanagh, Jr.**  
*Mayor Cavanagh has written to all the North Carolina mayors who are not yet members of The Mayors' Campaign Against Breast Cancer, urging them to join the Campaign and promote breast cancer awareness throughout the state.*



**Amesbury Mayor Nicholas J. Costello**  
*Over ten years ago while serving in the Massachusetts state legislature, Mayor Costello sponsored legislation requiring health insurance companies to cover mammography. Now all insured Massachusetts women have coverage, and health insurance companies emphasize availability of this procedure in selling their health care plans.*

# Moore and Oberndorf Bring the Mayoral Perspective to Cancer Symposium

Beaumont Mayor David W. Moore and Virginia Beach Mayor Meyera Oberndorf underscored the Conference of Mayors' commitment to meeting the health care needs of the underserved during their remarks before the 7th Biennial Symposium on "Minorities, the Medically Underserved & Cancer," held February 9 through 13 in Washington, DC and attended by twelve hundred researchers, policymakers, and advocates from across the nation. Using the activities of the Mayors' Campaign Against Breast Cancer to demonstrate their

points, they addressed the topic of "The Unequal Cancer Burden: Bridging the Gap Through Public Health." They talked about:

- making mammography available to underserved women, especially those who "fall between the cracks" because they are uninsured or underinsured;
- providing patient navigators to help diagnosed indigent women go through the steps for treatment;
- using the mayors' access to reach special populations for promotion of cancer awareness;

- having mayors promote community fundraisers for mammography and other cancer screenings; and
- promoting universal health care coverage in order to remove the burden of cancer upon the underserved.

## More Information

The February 21 issue of *U.S. Mayor* reported on Mayors Moore and Oberndorf's remarks in greater detail. For copies of a reprint or more information about the Beaumont or Virginia Beach initiatives, contact Richard C. Johnson, Director of Health Programs, at 202-861-6753.



**Beaumont Mayor David W. Moore**

*As Chairman of the Health and Human Services Standing Committee, Mayor Moore told Symposium conferees about USCM's commitment to health care for the underserved.*



**Virginia Beach Mayor Meyera Oberndorf**

*Mayor Oberndorf related her own experiences with breast cancer screening and treatment to the needs of diagnosed underserved women.*

## When Early Detection Poses a Quandary

Most people have never heard of ductal carcinoma in situ, or DCIS, a condition that physicians refer to as anything from pre-cancer to noninvasive breast cancer. Unlike tumor cells, which ball up into lumps, DCIS fans out along the milk ducts so patients never feel a thing. However, because of mammography, DCIS detection has rapidly increased over the past three decades. This year alone, it will strike 43,000 American women. While DCIS tends to stay confined to the ducts and is highly curable, some patients later develop invasive breast cancer. As a result, doctors want to be

certain that they treat the condition aggressively enough. And therein lies the dilemma. The treatment options for breast cancer are mastectomy, lumpectomy, and/or radiation, but which of these should be taken for noninvasive cancer?

Mastectomy is still recommended for women with virulent DCIS, but many experts now believe that lumpectomy is a good option for most patients because the chance of developing invasive cancer after this procedure is about 1 percent per year. The real question is whether to use radiation after a lumpectomy, and there is lack of agreement among

medical experts as to the necessity of this approach. Large clinical trials are now underway to provide more guidance on treatment of DCIS, and doctors are also studying the role of tamoxifen. For more information, call the National Cancer Institute (NCI) at 800-4-CANCER or Susan Siebert, Ph.D., Director of Communication, at 301-496-6631 or visit the NCI Web site at <http://cancertrials.nci.nih.gov>.

*From an article titled "A Time to Decide" by Claudia Kalb, in Newsweek, February 28, 2000, page 74.*

## Getting the Message Out: Local Campaign Materials

Some members of The Mayors' Campaign Against Breast Cancer have developed customized materials for their local breast cancer awareness efforts, examples of which are described below with contacts for more information about how these materials were developed and disseminated. If you would like to showcase your local campaign materials in the next issue of *Cancer Information Exchange* (June 2001), please send samples and/or a description to: Richard C. Johnson, Director, Health Programs, USCM, 1620 Eye St., N.W., Washington, D.C. 20006.

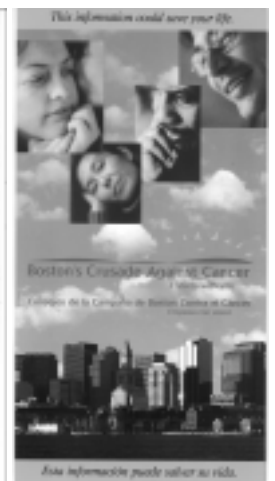
**Boston:** As part of Mayor Menino's *Crusade Against Cancer*, during Fall 1999 an English/Spanish brochure on cancer prevention and early detection was

mailed to every household in the city. This health initiative, conducted by the Boston Public Health Commission, also includes a translation of the brochure into Albanian, Cambodian, Cape Verdean, and four other languages. The brochure outlines screening recommendations and tips for risk reduction, and includes the Mayor's Health Line number for residents who need health insurance. For more information, call Janet McGrail, Cancer Prevention and Control, Boston Public Health Commission at 617/534-2472.

**Laredo:** Mayor Elizabeth G. Flores promotes breast cancer awareness in her community with the help of the eight-minute Bosom Buddies video and English/Spanish brochure. The Cancer Therapy & Research Center at San



Laredo's brochure



Boston's brochure

Antonio - - with KGNS-TV, the *Laredo Morning Times*, and the Laredo community - - developed the Bosom Buddies program because the Center believed that friends can help each other. For more information, call Claudia Lanese, Chairperson, Laredo Bosom Buddies, 956-727-8888.

## Members of the Mayors' Campaign Against Breast Cancer

City	State	Mayor	City	State	Mayor
Anchorage	AK	Rick Mystrom	Shelton	CT	Mark A. Lauretti
Tuscaloosa	AL	Alvin P. Du Pont	Stamford	CT	Dannel Malloy
Little Rock	AR	Jim Dailey	West Haven	CT	H. Richard Borer, Jr.
Nogales	AZ	Cesar Rios	Hollywood	FL	Mara Giuliani
Scottsdale	AZ	Sam Kathryn Campana	Key Biscayne	FL	Joe I. Rasco
Tempe	AZ	Neil C. Guliano	Lauderhill	FL	Richard J. Kaplan
Yuma	AZ	Marilyn R.	Margate	FL	Arlene R. Schwartz
Alameda	CA	Ralph J. Appezzato	Miami	FL	Joe Carollo
Berkeley	CA	Shirley Dean	Miami Beach	FL	Neisen Kaskin
Compton	CA	Omar Bradley	Ocala	FL	E. L. Foster
Gardena	CA	Donald L. Dear	Pembroke Pines	FL	Alex G. Fekete
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Livermore	CA	Cathie Brown	Tamarac	FL	Joe Schreiber
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Pittsburg	CA	Lori G. Anzini	Marietta	GA	Ansley L. Meaders
Richmond	CA	Rosemary M. Corbin	Hagatna	GU	Felix F. Ungacta
San Bernardino	CA	Judith Valles	Agana	GU	Rosanna D. San Miguel
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San Francisco	CA	Willie L. Brown, Jr.	County of Maui	HI	James "Kimo" Apana
San Jose	CA	Ron Gonzales	Honolulu	HI	Jeremy Harris
San Leandro	CA	Shelia Young	Kauai	HI	Maryanne Kusaka
San Rafael	CA	Albert J. Boro	Cedar Rapids	IA	Lee Clancey
Santa Barbara	CA	Harriet Miller	Des Moines	IA	Preston A. Daniels
Santa Clara	CA	Judy Nadler	Idaho Falls	ID	Linda Milam
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Santa Rosa	CA	Janet Condron	Bolingbrook	IL	Roger C. Claar
Santee	CA	Jack Dale	Carol Stream	IL	Ross Ferraro
Seaside	CA	Jerry Smith	Chicago	IL	Richard M. Daley
Visalia	CA	Donald K. Landers	Chicago Heights	IL	Angelo A. Ciambrone
West Hollywood	CA	John Heilman	East St. Louis	IL	Debra A. Powell
Westminster	CA	Frank G. Fry	Evanston	IL	Lorraine H. Morton
Colorado Springs	CO	Mary Lou Makepeace	Freeport	IL	James L. Gitz
Denver	CO	Wellington E. Webb	Lombard	IL	William J. Mueller
Danbury	CT	Gene F. Eriquez	North Chicago	IL	Jerry L. Johnson
East Hartford	CT	Timothy D. Larson	Oak Brook	IL	Karen M. Bushy
Manchester	CT	Steve Cassano	Oak Park	IL	Barbara Furlong
Meriden	CT	Joseph Marinar, Jr.	Orland Park	IL	Daniel J. McLaughlin
New Britain	CT	Lucian J. Pawlak	Palatine	IL	Rita L. Mullins
New Haven	CT	John DeStefano, Jr.	Saint Charles	IL	Sue Klinkhamer
Norwalk	CT	Frank J. Esposito	Schaumburg	IL	Al Larson

## Members of the Mayors' Campaign Against Breast Cancer

City	State	Mayor	City	State	Mayor
Springfield	IL	Karen Hasara	Ann Arbor	MI	Ingrid Sheldon
Village of Niles	IL	Nicholas B. Blase	Dearborn	MI	Michael A. Guido
Village of Romeoville	IL	Fred Dewald	Dearborn Heights	MI	Ruth A. Canfield
Village of Wheeling	IL	Greg Klatecki	Detroit	MI	Dennis W. Archer
Bloomington	IN	John Fernandez	Flint	MI	Woodrow Stanley
East Chicago	IN	Robert A. Pastrick	Grosse Pointe Woods	MI	Robert E. Novitke
Gary	IN	Scott King	Kalamazoo	MI	Robert B. Jones
Hammond	IN	Duane W. Dedelow, Jr.	Lansing	MI	David C. Hollister
Indianapolis	IN	Bart Peterson	Livonia	MI	Jack E. Kirksey
Muncie	IN	Dan C. Canan	Muskegon	MI	Fred Nielsen
Valparaiso	IN	David Butterfield	Pontiac	MI	Walter Moore
Kansas City	KS	Carol S. Marinovich	Southfield	MI	Donald F. Fracassi
Leavenworth	KS	Ken Bower	Apple Valley	MN	Mary Hamann-Roland
Topeka	KS	Joan Wagnon	Brooklyn Center	MN	Myrna Kragness
Bowling Green	KY	Eldon J. Renaud	Burnsville	MN	Elizabeth B. Kautz
Frankfort	KY	William I. May, Jr.	Eden Prairie	MN	Jean L. Harris
Lexington	KY	Pam Miller	Minneapolis	MN	Sharon Sayles Belton
Louisville	KY	David L. Armstrong	Minnnetonka	MN	Karen Anderson
Alexandria	LA	Edward G. Randolph, Jr.	Columbia	MO	Darwin Hindman
Monroe	LA	Abe E. Pierce, III	Springfield	MO	Leland L. Gannaway
New Orleans	LA	Marc H. Morial	St. Louis	MO	Clarence Harmon
Amesbury	MA	Nicholas J. Costello	Greenville	MS	Paul C. Artman, Jr.
Boston	MA	Thomas M. Menino	Jackson	MS	Harvey Johnson
Brockton	MA	John T. Yunits, Jr.	Meridian	MS	John Robert Smith
Chicopee	MA	Richard J. Kos	Vicksburg	MS	Robert M. Walker
Everett	MA	David Ragucci	Billings	MT	Charles F. Tooley
Haverhill	MA	James A. Rurak	Concord	NC	George W. Liles
Lawrence	MA	Patricia A. Dowling	Gastonia	NC	Jennifer T. Stultz
Leominster	MA	Dean Mazarrella	Kannapolis	NC	Ray Moss
Lynn	MA	Patrick J. McManus	Salisbury	NC	Susan W. Kluttz
Malden	MA	Richard Howard	Winston-Salem	NC	Jack Cavanagh, Jr.
Marlborough	MA	William Mauro, Jr.	Dickinson	ND	Fred S. Gengler
Medford	MA	Michael J. McGlynn	Fargo	ND	Bruce Furness
Melrose	MA	Patrick Guerriero	Grand Forks	ND	Patricia A. Owens
Newton	MA	David Cohen	Bellevue	NE	Jerry Ryan
Quincy	MA	James A. Sheets	Omaha	NE	Hal Daub
Westfield	MA	Richard K. Sullivan, Jr.	Concord	NH	William J. Veroneau
Worcester	MA	Raymond V. Mariano	Bayonne	NJ	Joseph V. Doria, Jr.
Annapolis	MD	Dean L. Johnson	Belleville	NJ	William J. Escott
District Heights	MD	Jack C. Sims	Brick Township	NJ	Joseph C. Scarpelli
Rockville	MD	Rose Krasnow	Cherry Hill	NJ	Susan Bass Levin
Lewiston	ME	Kaileigh A. Tara	Clifton	NJ	James A. Anzaldi

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City	State	Mayor	City	State	Mayor
East Orange	NJ	Robert L. Bowser	Kettering	OH	Marilou W. Smith
Edison	NJ	George A. Spadoro	Lyndhurst	OH	Leonard Creary
Elizabeth	NJ	J. Christian Bollwage	Mansfield	OH	Lydia Reid
Englewood	NJ	Paul T. Fader	Newark	OH	Frank Stare
Gloucester Township	NJ	Sandra L. Love	Strongsville	OH	Walter F. Ehrnfelt
Hoboken	NJ	Anthony Russo	Toledo	OH	Carleton S. Finkbeiner
Hope	NJ	Timothy McDonough	Waynesville	OH	Charles W. Sanders
Irvington	NJ	Sara B. Bost	Westlake	OH	Dennis M. Clough
Montclair	NJ	William N. Farlie, Jr.	Tulsa	OK	M. Susan Savage
New Brunswick	NJ	Jim Cahill	Albany	OR	Chuck McLaran
Orange	NJ	Mims Hackett, Jr.	City of Lincoln City	OR	Mike Holden
Parsippany-Troy Hills	NJ	Mimi Letts	Lafayette	OR	Theresa Syphers
Pemberton Township	NJ	Thalia C. (TC) Kay	Lake Oswego	OR	Bill Klammer
Prospect Park	NJ	William Kubofcik	Portland	OR	Vera Katz
Teaneck	NJ	Paul S. Ostrow	Tualatin	OR	Lou Ogden
Township of Monroe	NJ	Richard Pucci	Allentown	PA	William L. Heydt
Trenton	NJ	Douglas H. Palmer	Bethlehem	PA	Donald T. Cunningham, Jr.
Washington Township	NJ	Gerald J. Luongo	Pittsburgh	PA	Thomas J. Murphy
Woodbridge Township	NJ	James E. McGreevey	Caguas	PR	William M. Marin
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Farmington	NM	Bill Standley	Cidra	PR	Angel L. Malave Zayas
Los Lunas	NM	Louis F. Huning	Coamo	PR	Margarita Nolasco
Rio Rancho	NM	John M. Jennings	Rio Grande	PR	Cesar Mendez Otero
Roswell	NM	Bill B. Owens	San Juan	PR	Sila M. Calderon
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Mount Vernon	NY	Ernest D. Davis	Spartanburg	SC	James E. Talley
Rome	NY	Joseph A. Griffo	Germantown	TN	Sharon Goldsworthy
Syracuse	NY	Roy A. Bernardi	Knoxville	TN	Victor Ashe
Valley Stream	NY	Edwar W. Cahill	Austin	TX	Kirk Watson
White Plains	NY	Joseph Delfino	Beaumont	TX	David W. Moore
Akron	OH	Donald L. Plusquellic	College Station	TX	LynnMcIlhaney
Cleveland	OH	Michael H. White	Corpus Christi	TX	Samuel Loyd Neal
Cleveland Heights	OH	Edward J. Kelley	El Paso	TX	Carlos Ramirez
Dayton	OH	Michael R. Turner	Eules	TX	Mary Lib Saleh
Elyria	OH	William M. Grace	Ft. Worth	TX	Kenneth Barr

## Members of the Mayors' Campaign Against Breast Cancer

City	State	Mayor	City	State	Mayor
Galveston	TX	Roger Quioraga	Chesapeake	VA	William E. Ward
Haltom	TX	Nancy Watkins	Lynchburg	VA	D.L. (Pete) Warren
Hurst	TX	Bill Souder	Newport News	VA	Joe S. Frank
Irving	TX	Joe Putnam	Norfolk	VA	Paul Fraim
Kingsville	TX	Phil Esquirel, Jr.	Portsmouth	VA	James W. Holley III
Laredo	TX	Elizabeth G. Flores	Richmond	VA	Timothy Kaine
Longview	TX	David L. McWhorter	Virginia Beach	VA	Meyera E. Oberndorf
Lubbock	TX	Windy Sitton	Burlington	VT	Peter Clavelle
Plano	TX	John Longstreet	Bellingham	WA	Mark Asmundson
San Antonio	TX	Howard W. Peak	Kent	WA	Jim White
San Marcos	TX	Billy G. Moore	Seattle	WA	Paul Schell
Texas City	TX	Charles Doyle	Spokane	WA	John Talbott
Waco	TX	Michael D. Morrison	Brookfield	WI	Kathryn C. Bloomberg
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Tooele	UT	Charlie Roberts	Wausau	WI	Linda E. Lawrence
West Jordan	UT	Donna Evans	West Allis	WI	Jeanette Bell
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**The United States Conference of Mayors**

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